

**Summary Notes
Data Work Group
Maine Hospital Licensing Reform Committee
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Major Work Group Tasks

A major objective of Maine's Hospital Licensing Reform is to develop a strategy for using data to target the survey process. The Data Work Group was established in April 2007 to:

1. Identify, review and recommend data that should be used to inform and strengthen the hospital survey process.
2. Develop a framework for how data can be used to improve the effectiveness and efficiency of the hospital survey process.
3. Determine the applicability of proposed data to hospitals of various sizes and specialties.
4. Define regulatory, disclosure, or other barriers to using proposed data in the hospital survey process.
5. Propose protocols for using data in the hospital survey process.

Data Sources for Informing the Hospital Survey Process

Work Group members reviewed a list of data collected by the State and third parties developed by the Maine Hospital Association (MHA). The Work Group proposed to focus on data that meet the following criteria:

- Evidence based and standardized;
- Subject to external validation;
- Generally applies to hospitals of all sizes;
- Recognized benchmarks to assess performance; and
- Have been tested and are considered reliable.

There was considerable discussion about using the following data sets:

CMS Data Set. There was consensus that the Centers for Medicare & Medicaid Services (CMS) quality indicators meet all criteria, except that the data set is inapplicable to psychiatric and acute rehabilitation hospitals. Rural hospitals also look forward to the development of metrics tailored to them, but currently participate in the CMS measures. Discussion on how CMS data could be used is discussed later.

Hospital Sentinel Event Reports. Several issues were raised with respect to the use of sentinel event reports in the hospital licensure process. These include: potential under-reporting or over-reporting by hospitals; ambiguity in the law and definitions over which events must be reported; challenges in interpreting findings relative to the volume and acuity of hospitals; and statutory

restrictions from disclosing reported events. Advocates for using sentinel events stressed that the state is the guardian of public safety and that hospital licensure was the means to hold hospitals accountable. Currently the department is restricted from sharing sentinel event data with licensure staff. Members were generally reluctant to change the law to alter existing peer review protections.

The Work Group considered other possible ways for incorporating sentinel event reporting into the hospital licensure process:

- Target the survey process more specifically in cases where a hospital did not report any sentinel events during the prior 24 months. Members objected to this suggestion for two reasons. First, it was thought that current regulations would prohibit the Sentinel Event Team from sharing hospital-specific information on non-reporting to licensure staff. Second, members argued that it should not be assumed that a hospital's failure to report was indicative of a quality problem. Similarly, it could not be assumed that hospitals that did make a sentinel event report were doing so for all reportable cases.
- During the survey process, conduct a thorough assessment of a hospital's policies and procedures for identifying and reporting possible sentinel events. Medical records of selected cases could be reviewed for verification.
- There was strong interest in using the current "lessons learned" in an aggregate form to issue periodic Alerts to hospitals. The goal of such alerts would be to highlight prevention strategies and increase awareness of identified trends. If such a practice is put into place, members saw a role during the hospital survey to review the status of a hospital's response to the information.
- A question was raised as to whether information obtained by the Sentinel Event Team during its investigation could be shared with Licensure staff if conditions were found out of compliance. Anne Flanagan offered to follow-up on the matter and report back to the Work Group.

Nurse Sensitive Indicators as defined by Rule 270: It was generally felt that these indicators were too new to include in the project. Also, as with other non-CMS indicators, they are not externally validated.

Hospital Internal Data: While it was understood that a hospital may have significant data that could be used to inform the hospital survey process, it would not be considered at this time due to the lack of standardization across all hospitals.

Recommendation: Use CMS quality indicators as the starter set for this project. Continue to explore and assess additional data sets.

How Data Can be Used

At this initial meeting, the Work Group discussed several issues related to applying the CMS quality data to hospital licensure:

Small numbers: Of general concern for many of the CMS indicators are the small numbers that they produce in any given reporting period. For this reason, the Work Group recommends that

the timeframe for reviewing the data be on a rolling 4 quarters basis. This should substantially increase the numbers and make findings statistically reliable.

Benchmarks for assessing performance. The Work Group discussed how data should be evaluated for purposes of deciding its potential impact on the breadth, scope and/or frequency of a survey. A preliminary concept was designed:

- We need to begin by explicitly defining “breadth” and “scope” and the interval thresholds between the maximum/minimum breadth, scope and frequency.
- The benchmarks could be the national benchmark, national average, state average, comparisons with the hospital’s peer group performance, and the facility’s own performance over the previous reporting period.
- Statistical methods could be developed to determine whether a hospital’s performance showed statistically significant improvement.
- Regardless of performance, prior survey findings could be a factor in determining the focus of a survey.

Breadth, Scope and Frequency: The purpose of using performance data is to determine the breadth, scope or frequency of a hospital survey. The Work Group identified preliminary ways to target a review based on performance data:

- Focus the tracer based on performance data if it is decided to incorporate the Joint Commission tracer methodology in the hospital survey process.
- Align standards to performance indicators to determine whether it is feasible to give “a pass” to some standards based on performance outcomes. It was generally thought that such a pass was most likely in the Quality Assurance/Performance Improvement component.

Other ideas not strictly related to performance data: The Work Group considered a self-assessment tool, as currently used by the Joint Commission, as a factor in considering the breadth, scope or frequency of a survey. However, the Work Group noted that accredited hospitals shouldn’t be asked to use two different self-assessment tools, but non-accredited hospitals shouldn’t be asked to use the proprietary Joint Commission tool tailored specifically to the Joint Commission standards. It was agreed that the feasibility of using the Joint Commission self-assessment tool by non-accredited hospitals be pursued.

Recommendation: Clarify breadth, scope and frequency; assess feasibility of using Joint Commission self-assessment tool by all hospitals.

Next Steps

The Work Group will meet again at 11:00 a.m. prior to the full Committee meeting on June 4. The focus of the meeting will be to (1) finalize report to the full Committee; (2) discuss what is meant by “breadth, scope and frequency”, and (3) consider the purpose/content of a self-assessment tool. Future meetings will also include a clarification of current sentinel event requirements.